| 2005 CBT 302 Ortho | | | SKILLS CHE FOR RECERTIF | CKLIST GENERAL CONTROL OF CONTROL CONT |
|---|---|------------------|------------------------------------|--|
| NAME PRINT STUDENT'S NAME | • | EMS# | DA | ATE |
| Objective: Given a partner, appropria appropriate assessment and treatmer | | | | |
| SCENE SIZE-UP (must verbalize) | | | | |
| ☐ BSI ☐ Scene Safety ☐ D | etermines MOI/NOI | □ Numbe | er of Patients Add | ditional Resources |
| INITIAL ASSESSMENT (must verba | alize) | | | |
| ☐ Mental Status ☐ Airway | ☐ Breathing ☐ | Circulation | ☐ Obvious Trauma | ☐ Sick |
| ☐ Chief complaint ☐ C-spine | | Bleeding | □ Body Position | ☐ Sick ent name |
| SUBJECTIVE (FOCUSED HISTORY) | | | | 1e |
| □ Establishes rapport with patient □ Reassures and calms patient □ Determines patient's chief compla □ Obtains names/dosages of current | int and follows SAN | | · | |
| OBJECTIVE (PHYSICAL EXAM) | | | | |
| □ Records and documents baseline □ Performs appropriate medical / tr □ Assesses circulation, motor and s □ Obtains second set of vital signs a | auma exam — exp ensory (CMS) befor | e and after w | • | - I |
| ASSESSMENT (IMPRESSION) | | | | |
| □ Verbalizes impression (R/O)□ Determines if ALS is needed — s | states rationale | | | Recent Yes |
| PLAN (TREATMENT) | | | | Zo |
| GENERAL CARE (Check all that apply) | | | CRITICAL (FA | AIL) CRITERIA |
| ☐ Applies appropriate bleeding control measures to open wounds | □ Properly posit□ Initiates steps loss | - | DID NOT | , |
| ☐ Stabilizes fractures (if indicated) ☐ Applies dressing/bandage to | ☐ Indicates need immediate tra | | /or □ Appropriately | provides/manage |
| wound | ☐ Monitors patie | • | ali way, bi cat | hing, bleeding ment of shock |
| ☐ Administers appropriate rate and delivery of oxygen | ☐ Considers IOS☐ Performs ongo | | ☐ Administer ap | nent of shock ppropriate rate and (ygen (if indicated) |
| ☐ Determines/applies appropriate splinting technique | ☐ Glucometry/ox | ximetry (additio | ☐ Indicates nee | ed for ALS and/or ransport (SICK) |
| COMMUNICATION AND DOCUM | ENTATION | | RECERTIFY | - On |
| □ Delivers timely and effective shor□ Completes SOAP narrative portion | • . | se form | ☐ YES ☐ NO 2 nd ATTEMPT | / othe |
| EVALUATOR SIGN YOUR NAME | | EMS# | ☐ YES ☐ NO | |

| TIME → | | | | |
|------------------------------------|----|----------|-----------|--|
| Blood Pressure | | | | |
| Pulse Rate | | | | |
| Respiratory Rate | | | | |
| Consciousness | | | | |
| ECG Rhythm | | | | |
| Oxygen | | | | |
| Meds | | | | |
| (Pulse Oximetry) | | | | |
| (Glucometry) | | | | |
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| Medications taken by patient at ho | me | Allergie | es | |
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| | | Chief (| Complaint | |
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| Narrative | | | | |
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| 2005 CBT 385 Environm | | SKILLS CHECKLIST FOR RECERTIFICATION | | | | | | |
|--|--|--|--|--|--|--|--|--|
| NAME PRINT STUDENT'S NAME | EMS# | DATE | | | | | | |
| 2005 CBT 385 Environmental Emergencies KING COUNTY EMERGENCY MEDICAL SERVICES (9/23/04) MH PRINT STUDENT'S NAME Objective: Given a partner, appropriate equipment and an environmental emergency, demonstrate appropriate assessment and treatment as outlined in CBT 385 and EMT Patient Care Guidelines. SCENE SIZE-UP (must verbalize) BSI | | | | | | | | |
| SCENE SIZE-UP (must verbalize) | | a a | | | | | | |
| □ BSI □ Scene Safety □ D | etermines MOI/NOI Number | of Patients Additional Resources | | | | | | |
| INITIAL ASSESSMENT (must verba | ılize) | , , , , , , , , , , , , , , , , , , , | | | | | | |
| ☐ Mental Status☐ Airway☐ Chief complaint☐ C-spine | | ☐ Rody Position ☐ Not Sick | | | | | | |
| SUBJECTIVE (FOCUSED HISTORY) | Ü | , Lander | | | | | | |
| ☐ Reassures and calms patient☐ Determines patient's chief compla | □ Establishes rapport with patient and obtains consent to treat (implied/actual) □ Reassures and calms patient □ Determines patient's chief complaint and follows SAMPLE and OPQRST investigation (bystanders if needed) | | | | | | | |
| OBJECTIVE (PHYSICAL EXAM) | | | | | | | | |
| □ Records and documents baseline □ Performs appropriate medical / tr □ Obtains second set of vital signs a | auma exam — exposes/checks fo | - | | | | | | |
| ASSESSMENT (IMPRESSION) | | , and the state of | | | | | | |
| □ Verbalizes impression (R/O)□ Determines if ALS is needed — s | states rationale | Negel Tes | | | | | | |
| PLAN (TREATMENT) | | | | | | | | |
| GENERAL CARE (Check all that apply) | | CRITICAL (FAIL) CRITERIA | | | | | | |
| ☐ Confirms scene security | ☐ Initiates steps to prevent hea loss and/or to warm patient | | | | | | | |
| Removes patient to safe location (if indicated) | ☐ Indicates need for ALS and/o | | | | | | | |
| Determines need for DeconAdministers appropriate rate and delivery of oxygen | immediate transport (SICK)☐ Monitors patient vital signs☐ Considers IOS | ☐ Appropriately provides/manage airway, breathing, bleeding control, treatment of shock | | | | | | |
| ☐ Considers/uses EpiPen appropriately | ☐ Performs ongoing assessment☐ Glucometry/oximetry☐ (additional factor) | delivery of oxygen (if indicated) | | | | | | |
| ☐ Properly positions patient | (audition | Indicates need for ALS and/or immediate transport (SICK) | | | | | | |
| COMMUNICATION AND DOCUM | ENTATION | RECERTIFY | | | | | | |
| ☐ Delivers timely and effective shor | • • | ☐ YES ☐ NO 2 nd ATTEMPT ☐ YES ☐ NO IF NO EXPLAIN | | | | | | |
| ☐ Completes SOAP narrative portion EVALUATOR SIGN YOUR NAME | n of incident response form | ☐ YES ☐ NO | | | | | | |
| EMESTION OIGH FOON HANNE | LIVIO# | 1 10 EX EXIT | | | | | | |

| TIME → | | | | | |
|-------------------------------------|----|---|----------|-----------|------|
| Blood Pressure | | | | | |
| Pulse Rate | | | | | |
| Respiratory Rate | | | | | |
| Consciousness | | | | | |
| ECG Rhythm | | | | | |
| Oxygen | | | | | |
| Meds | | | | | |
| (Pulse Oximetry) | | | | | |
| (Glucometry) | | | | | |
| Temperature/method | | | | | |
| Medications taken by patient at hor | me | • | Allergie | es | |
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| | | | Chief (| Complaint | |
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| Narrative | | | | | |
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| | 125 Respirate | | | SKILLS FOR RE | CHECI CERTIFICA | | | | |
|---|--|---|-------------------------|------------------------------|---------------------------|-----------------------------|--|--|--|
| NAME PRINT STUDENT'S | NAME | | EMS# | | DATE | | | | |
| Objective: Given a | 2005 CBT 425 Respiratory Emergencies KING COUNTY EMERGENCY MEDICAL SERVICES (9/23/04) MH PRINT STUDENT'S NAME Objective: Given a partner, appropriate equipment and a patient with a respiratory emergency, demonstrate appropriate assessment and treatment as outlined in CBT 425 and EMT Patient Care Guidelines. SCENE SIZE-UP (must verbalize) BSI | | | | | | | | |
| SCENE SIZE-UP | (must verbalize) | | | | | | | | |
| □ BSI □ Scer | e Safety De | etermines NOI/M | OI 🗆 Num | ber of Patients | Addition | al Resources | | | |
| INITIAL ASSESS | MENT (must verbal | ize) | | | | | | | |
| ☐ Mental Status | □ Airway [| ☐ Breathing | ☐ Circulation | ☐ Body Position | on 🗆 | Sick | | | |
| ☐ Chief complaint | | | ☐ Skin Signs | | | Not Sick | | | |
| SUBJECTIVE (FO | CUSED HISTORY) | | | | | | | | |
| ☐ Reassures and ☐ Determines pati | oport with patient a calms patient ent's chief complaid dosages of current | nt and follows S | · | | ion | | | | |
| OBJECTIVE (PHY | SICAL EXAM) | | | | | | | | |
| ☐ Performs approp☐ Appreciates pat | cuments baseline briate medical / tradients body position set of vital signs and MPRESSION) | numa exam — ex (distressed, tripo | xpose/examinod, normal) | | | | | | |
| ☐ Verbalizes impr☐ Determines if A | ession (R/O) LS is needed — sta | ates rationale | | | | | | | |
| PLAN (TREATMEN | Τ) | | | | | | | | |
| GENERAL CARE | | | | CRITICA | L (FAIL) | CRITERIA | | | |
| □ Properly position□ Administers appropriate | ons patient or opriate rate and | ☐ Considers/u appropriately | • | DID NOT | | | | | |
| delivery of oxyg | - | | atient vital sign | s □ Take/ve | erbalize B \$ | SI | | | |
| □ Properly ventila a BVM (if indicate | • | ☐ Glucometry/☐ Considers IC | os | airway, | breathing, | 0 | | | |
| ☐ Indicates need findicate tran | | ☐ Performs on | going assessr | | treatment | of shock oriate rate and | | | |
| ☐ Suctions airway | = | | | delivery | of oxygei | n (if indicated) | | | |
| ☐ Assists patient v | vith (MDI) inhaler | | | | es need for iate trans | ALS and/or cort (SICK) | | | |
| COMMUNICATIO | N AND DOCUME | ENTATION | | RECERTI | | . (, | | | |
| - | and effective short | - · · | • | ☐ YES 2 nd ATTEMP | □ NO | | | | |
| · | P narrative portion | of incident response | | □ YES | <u>I</u> □ NO | | | | |
| EVALUATOR SIGN YOUR NAME | | | EMS# | IF NO EXPLAIN | | | | | |

| TIME → | | | | |
|------------------------------------|----|----------|-----------|--|
| Blood Pressure | | | | |
| Pulse Rate | | | | |
| Respiratory Rate | | | | |
| Consciousness | | | | |
| ECG Rhythm | | | | |
| Oxygen | | | | |
| Meds | | | | |
| (Pulse Oximetry) | | | | |
| (Glucometry) | | | | |
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| Medications taken by patient at ho | me | Allergie | es | |
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| | | Chief (| Complaint | |
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| Narrative | | | | |
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| 2005 CBT 521 OB/GY KING COUNTY EMERGENCY MEDI | | | SKILLS CHI FOR RECERTI | |
|---|--|--------------|------------------------------------|--|
| NAME PRINT STUDENT'S NAME | · | EMS# | D | ATE |
| Objective: Given a partner, appropriate assessment and treatmen | | | | |
| SCENE SIZE-UP (must verbalize) | | | | |
| □ BSI □ Scene Safety □ D | etermines NOI/MO | □ Numb | er of Patients | Iditional Resources |
| INITIAL ASSESSMENT (must verba | alize) | | | 3 |
| ☐ Mental Status ☐ Airway | □ Breathing □ | Circulation | ☐ Obvious Trauma | ☐ Sick |
| ☐ Chief complaint ☐ C-spine | | Bleeding | ☐ Body Position | □ Not Sick |
| SUBJECTIVE (FOCUSED HISTORY) | | | | <u>a</u> |
| □ Establishes rapport with patient □ Reassures and calms patient □ Determines patient's chief compla □ Determines history of pregnancy and an arrangement of the patient of the pa | int and follows SAN | | · | letermine if assault) |
| OBJECTIVE (PHYSICAL EXAM) | | | | |
| □ Records and documents baseline □ Performs appropriate medical / tr □ Determines if delivery is imminent □ Obtains second set of vital signs a | auma exam — exp (performs visual ex | am only – no | • | · |
| ASSESSMENT (IMPRESSION) | | | | Z GC |
| □ Verbalizes impression (R/O)□ Determines if ALS is needed — s | states rationale | | | No. |
| PLAN (TREATMENT) | | | | C |
| GENERAL CARE (Check all that apply) | | | CRITICAL (F. | AIL) CRITERIA |
| ☐ Places patient in appropriate position for condition (shock | ☐ Appropriately (includes APGAR | 2) | DID NOT | |
| position, left lateral, delivery position) Applies dressing/bandage to | ☐ Controls postp hemorrhage (f | | | |
| control bleeding (if needed) | □ Prevents heat | • | airway, brea | y provides/manage thing, bleeding |
| ☐ Determines/prepares area for imminent delivery (if indicated) | ☐ Performs ongo (mother/child) | oing assessm | | ment of shock |
| ☐ Administers appropriate rate and delivery of oxygen (if indicated) | □ Notifies medic | • | | ment of shock ppropriate rate and xygen (if indicated) |
| ☐ Indicates need for ALS and/or | ☐ Considers IOS ☐ Glucometry/ox | | _ | ed for ALS and/or |
| immediate transport (SICK) | | (addition | immediate t | ransport (SICK) |
| COMMUNICATION AND DOCUM | ENTATION | | RECERTIFY | |
| ☐ Delivers timely and effective shor | • | | ☐ YES ☐ NO 2 nd ATTEMPT | |
| ☐ Completes SOAP narrative portion EVALUATOR SIGN YOUR NAME | n of incident respon | se form | ☐ YES ☐ NO | |
| LVALUATOR SIGN TOUR NAIVIE | | EIVIO# | IF NO EAPLAIN | |

| TIME → | | | | |
|-------------------------------------|----|---------|-----------|--|
| Blood Pressure | | | | |
| Pulse Rate | | | | |
| Respiratory Rate | | | | |
| Consciousness | | | | |
| ECG Rhythm | | | | |
| Oxygen | | | | |
| Meds | | | | |
| (Pulse Oximetry) | | | | |
| (Glucometry) | | | | |
| (APGAR) | | | | |
| Medications taken by patient at hor | ne | Allergi | es | |
| | | Chief (| Complaint | |
| Narrative | | | | |
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| 2005 CBT 933 Behavio | | | SKILLS CHE FOR RECERTIF | |
|---|---|--|--|--------------------|
| NAME PRINT STUDENT'S NAME | , | EMS# | DA | |
| Objective: Given a partner, appropriate assessment and treatment | | | | |
| SCENE SIZE-UP (must verbalize) | | | | |
| ☐ BSI ☐ Scene Safety ☐ ☐ | Determines NOI/MOI | □ Numbe | r of Patients | ditional Resources |
| INITIAL ASSESSMENT (must verba | alize) | | | ditional Resources |
| ☐ Mental Status ☐ Airway | ☐ Breathing ☐ | Circulation | ☐ Obvious Trauma | □ Sick |
| ☐ Chief complaint ☐ C-spine | | Bleeding | ☐ Body Position | □ Not Sick |
| SUBJECTIVE (FOCUSED HISTORY) | | | | □ Not Sick |
| □ Establishes rapport with patient □ Reassures and calms patient (ass □ Determines patient's chief complate □ Obtains names/dosages of current | sesses potential for aint and follows SAN | violence) IPLE and OPC | RST investigation (i.e | e. suicidal) |
| OBJECTIVE (PHYSICAL EXAM) | | | | |
| □ Records and documents baseline □ Performs appropriate medical / to □ Observes/monitors behavior (pan □ Obtains second set of vital signs and the second set of vital signs are second set of vital signs and the second set of vital signs are second set of vital signs and the second set of vital signs are second se | rauma exam — che ic, agitation, depres | sion, suicidal th | • | • |
| ASSESSMENT (IMPRESSION) | | | | |
| □ Verbalizes impression (R/O)□ Determines if ALS is needed — s | states rationale | | | |
| PLAN (TREATMENT) | | | | |
| GENERAL CARE (Check all that apply) | | | CRITICAL (FA | AIL) CRITERIA |
| □ Call for additional help – PD, FD manpower (if needed) □ Restraints (if needed) □ Applies dressing/bandage to wounds (if needed) □ Administers appropriate rate and delivery of oxygen (if needed) □ Monitors the patient's behavioral and psychological changes | □ Professional a □ Maintains eye with calm, quie □ Indicates need immediate tra □ Monitors patie □ Considers IOS □ Performs ongo □ Glucometry/ox □ | contact, speaket voice I for ALS and/onsport (SICK) ent vital signs oning assessme | Take/verbaliz □ Appropriately airway, breat control, treate □ Administer appropriately airway airway airway airway airway breat control, treate and delivery of oxities. | |
| COMMUNICATION AND DOCUM | IENTATION | | RECERTIFY | |
| ☐ Delivers timely and effective shor ☐ Completes SOAP narrative portio | • | se form | ☐ YES ☐ NO 2 nd ATTEMPT ☐ YES ☐ NO IF NO EXPLAIN | |

| TIME → | | | | |
|-------------------------------------|----|----------|-----------|--|
| Blood Pressure | | | | |
| Pulse Rate | | | | |
| Respiratory Rate | | | | |
| Consciousness | | | | |
| ECG Rhythm | | | | |
| Oxygen | | | | |
| Meds | | | | |
| (Pulse Oximetry) | | | | |
| (Glucometry) | | | | |
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| Medications taken by patient at hor | ne | Allergio | es | |
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2005 CBT 620 Infectious Disease KING COUNTY EMERGENCY MEDICAL SERVICES (10/4/04) MH

INFECTIOUS DISEASE PROGRAM REVIEW

| | TOTAL SERVICES (10/4) | ., | REQU | IRED ANNUALLY | FOR RECE | RTIFICATION |
|--------------|--|------------------|-------------|-----------------|-----------|--------------|
| NAME | PRINT STUDENT'S NAME | EMS# | | | DATE | |
| to annual | e: To fulfill the requirements of WAC 296-305-0 lly review the infectious disease information, upoent's infectious disease plan. Additional specific | dates, pro | otocols, an | nd equipment | t used in | their |
| | | | | | | |
| w TI | he course CBT 620 Infectious Disease was ith a score greater than 70%. | ew of the | | | | · |
| Kr | nowledgeable about the program and its cor | ntents. | | | | |
| The revi | iew contained: | | | | | |
| | general explanation of the epidemiology, sycovered in CBT 620) | ymptoms | and tran | smission of | infection | us diseases. |
| □ A | n explanation of the department's exposure | control p | olan | | | |
| □ In | formation about available personal protective | ve equipr | ment (PP | E) | | |
| □ In | formation pertaining to the reporting of an e | exposure | | | | |
| | formation about post exposure evaluation a cident | and follow | v-up proc | edures follo | wing an | exposure |
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| | The review fulfills the requirements set forth in WAC 296-305-0251 and WAC 296-823-12005 (It is strongly suggested that the above WACs are reviewed to assure compliance with Washington State law.) | | | | | |
| COMMU | INICATION AND DOCUMENTATION | | | RECERTIF | Υ | |
| | ers timely and effective short report (if indicated) | | | □ YES I | □ NO | |
| • | Diletes SOAP narrative portion of incident respor | nse form EMS# | | IF NO EXPLAIN | | |
| LVALUATOR SI | SIX TOOK IN ME | LIVIO# | | II NO EXI EXIIV | | |